

# IPAS 2005 Annual Report

## A MESSAGE FROM THE EXECUTIVE DIRECTOR

Like the rest of America, Indiana obtains great strength from the diversity of its people. The advantages of diversity can be seen all around us, through people who share differing abilities, experiences, traditions, and ideas that enrich our lives and our culture.

The Indiana Protection and Advocacy Services Commission, Mental Illness Advisory Council, and IPAS staff are all here to defend the rights of citizens with different abilities, extending equal opportunity and empowerment to people with disabilities.

IPAS administers eight separate, federally funded advocacy programs. In August of each year, the Indiana Protection and Advocacy Services Commission votes to approve agency-wide program objectives that represent the activities the staff will undertake to achieve the Commission's priorities.

During 2005, 83 of the 106 assigned objectives were met — a completion rate of 79 percent. Since seven additional objectives were partially met, the rate of met or partially met objectives is increased to 85 percent.

While IPAS staff members strive to complete all of the assigned objectives, 100 percent completion is difficult. Some objectives are developed to create systemic changes and may reflect a hoped-for resolution to problems that are not readily achievable, but nevertheless important to work toward.

Along with tracking and reporting progress towards the completion of objectives, IPAS frequently asks the individuals we serve to tell us how satisfied they are with our services. During 2005, IPAS conducted a written survey, and also collaborated with the Indiana University's Indiana Institute on Disability and Community to contact individuals that have been represented by IPAS to determine the impact those services may have had on their lives.

Through both methods of information gathering, we learned that approximately 90 percent of our clients would either call us again, or would recommend IPAS to others in need of assistance.

While the vast majority of the client feedback was quite positive, we were also provided some valid constructive criticism that will be used to improve our services. Satisfaction assessment efforts will continue in 2006, and similar reports will be available at the conclusion of those reviews.

IPAS continued its work advocating for people with disabilities in 2005. We received more than 3,000 inquiries for information and referral during the year. These inquiries make it clear that even though our country's laws mandate equal treatment for all people, experiences may tell a different story.

Our outreach efforts grew in 2005. IPAS staff provided information to more than 17,101 people at training, presentation, and awareness events. The IPAS Web site recorded a record number of 632,729 visits, and, the IMPACT newsletter was distributed twice in 2005, reaching 14,000 people.

While data and statistics are important, we are foremost devoted to protecting the rights of individuals with disabilities. We believe that effective advocacy efforts result in the empowerment of individuals and the exercise of their rights, and can make a lasting, positive impact.

We continue to build on our already strong foundation of programs and services, and as we reflect on a successful year, we are excited about the future of IPAS.

A handwritten signature in blue ink that reads "Thomas Gallagher".

Thomas Gallagher

**INSIDE**

IPAS at a Glance .....	3
IPAS Program Descriptions .....	4
IPAS Program Priorities .....	5
IMPACT Year in Review 2005:	
Abuse and Neglect.....	6
Equal Access and Other Rights.....	10
Employment.....	13
Special Education.....	14
Agency-wide: Groups, Committees, and Organizational Work .....	16
Agency-wide: Education and Outreach.....	19
Relationships with Other Agencies.....	22
IPAS Commission, Council and Staff members .....	23

**WHAT OUR CLIENTS ARE SAYING....**

“Thank you for responding quickly to our request!”

“It was comforting to have someone listening and understanding my situation.”

“I appreciate the help, and thank you. Glad this agency is set in place for assistance.”

“The staff were extremely helpful and the ideas expressed helped to lead to a resolution of an unpleasant situation.”

“The individual was professional, honest and followed through with what he said he’d do.”

“Our family was reaching crisis level and did not know where to turn. National Alliance for the Mentally Ill (NAMI) suggested IPAS, and this proved to be instrumental in our coping. I was listened to in my hysteria, understood, and helped beyond words.”

**BY THE NUMBERS**

Total requests for information and referral .....	3,087
Total individuals served .....	599
Total service requests.....	699
Total speaking events (awareness, presentations and exhibits provided by IPAS).....	228
Total training events attended by staff .....	65
Total number of people reached at speaking engagements .....	17,101
Web site visits .....	632,729

**DEMOGRAPHICS FOR 2004****GENDER**

Female .....	230
Male .....	369

**ETHNICITY/RACIAL BACKGROUND**

Asian .....	2
Black .....	88
Hispanic .....	10
Multicultural .....	0
Native American .....	3
White.....	498

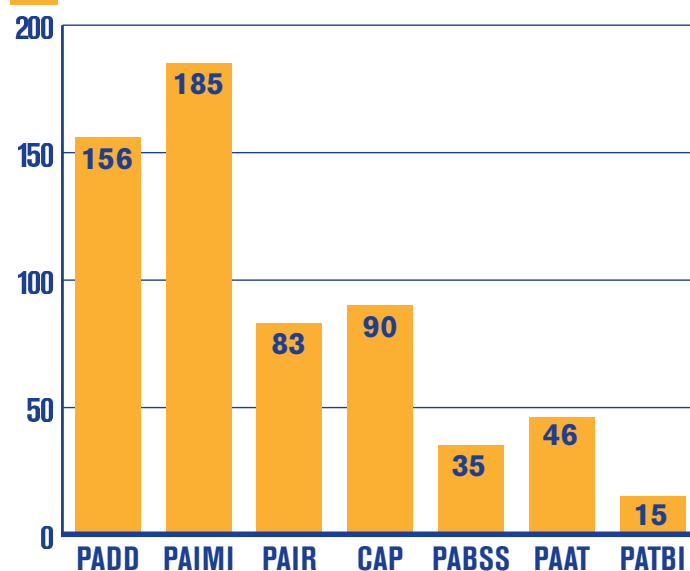
**DISABILITY**

Absence of extremities.....	3
AIDS/HIV positive .....	1
Alcoholism and other substance abuse .....	2
Autism.....	21
Autoimmune (non-AIDS/HIV).....	4

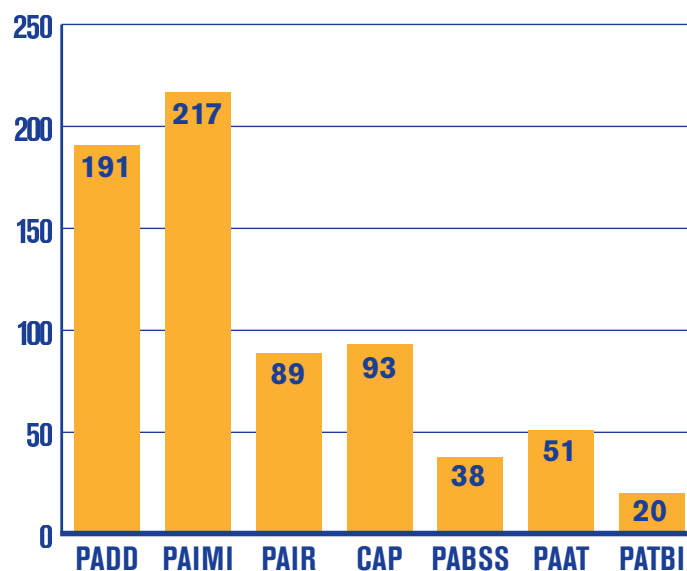
Blindness and other visual impairments.....	15
Bipolar.....	11
Cancer .....	2
Cerebral palsy .....	29
Deaf/blindness .....	1
Deafness and other hearing impairments .....	28
Diabetes and other endocrine disorders .....	3
Digestive disorders.....	0
Epilepsy.....	5
Genitourinary disorders.....	0
Heart and circulatory disorders, including stroke.....	5
Learning disability and ADD/ADHD .....	36
Mental illness.....	196
Other emotional/behavioral impairments.....	5
Mental retardation.....	115
Multiple sclerosis .....	6
Muscular dystrophy .....	5
Muscular/skeletal impairments .....	5
Neurological disorders .....	4
Physical/Orthopedic impairments .....	63
Respiratory disorders.....	5
Schizophrenia .....	2
Speech impairments.....	1
Spina bifida .....	4
Tourette syndrome .....	1
Traumatic brain injury (TBI) .....	20
All other disabilities.....	4

# IPAS at a Glance

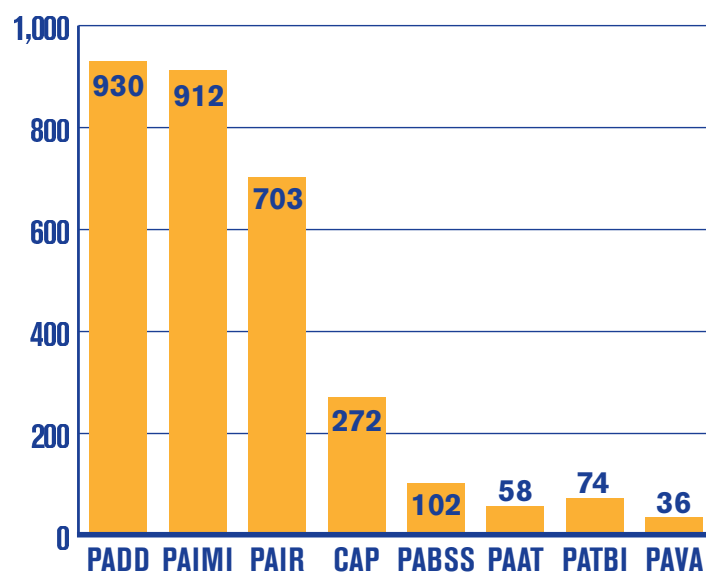
## 602 INDIVIDUALS REPRESENTED



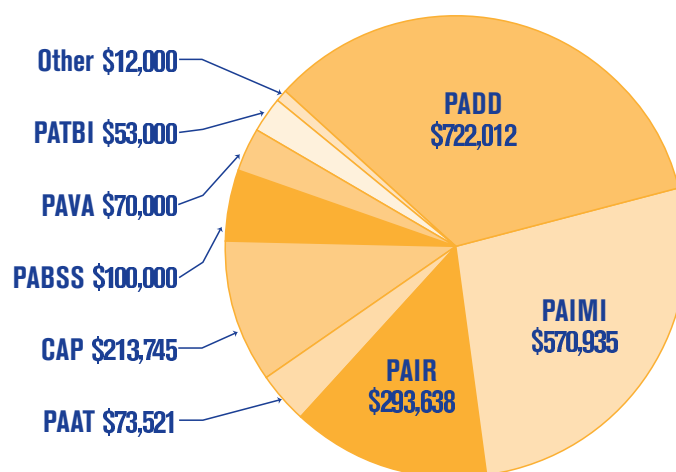
## 699 INDIVIDUAL SERVICE REQUESTS



## 3,249 INDIVIDUALS RECEIVING INFORMATION AND REFERRAL



## IPAS PROGRAM FUNDING



## EDUCATION AND TRAINING

TOTAL NUMBER OF PEOPLE  
REACHED AT SPEAKING EVENTS

**17,101**

TOTAL SPEAKING EVENTS

**228**

## THE ISSUES

Abuse and Neglect  
Equal Access and Other Rights  
Employment  
Special Education  
Agency-wide Priorities

# IPAS Program Descriptions

## PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (PADD)

**Mandate:** Developmental Disabilities Assistance and Bill of Rights Act of 2000 (see 42 U.S.C. 15043)

For individuals who meet the federal definition of developmental disabilities. PADD's role is to ensure that people with Developmental Disabilities and their families participate in the design of and have access to needed community services, individualized support, and other forms of assistance. PADD is funded out of the Administration of Children and Families (ACF) and the Administration of Developmental Disabilities (ADD) within the U.S. Department of Health and Human Services.

## PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)

**Mandate:** Protection and Advocacy for individuals with Mental Illness Act of 1986 (see 42 U.S.C. 10801 et. seq.)

PAIMI seeks to protect and advocate for the rights of individuals with mental illnesses in both institutional and community settings. The PAIMI program investigates allegations of abuse, neglect, and rights violations for people with mental illnesses. PAIMI is funded out of the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services.

## CLIENT ASSISTANCE PROGRAM (CAP)

**Mandate:** Section 112 of the Rehabilitation Act (see 29 U.S.C. 10801 et. seq.)

For individuals seeking services from a program or project funded by the Rehabilitation Act. In Indiana, this would be Vocational Rehabilitation Services, and Centers for Independent Living. CAP is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

## PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT)

**Mandate:** Assistive Technology Act of 1998 (see 29 U.S.C. 3001 et seq.)

For Individuals with disabilities seeking assistive technology (devices or systems used to improve or maintain the capabilities of persons with disabilities). Designed to promote the provision of assistive technology and services through systemic reform, PAAT has the authority to litigate class action issues and negotiate compliance with federal law. PAAT is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

## PROTECTION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY (PATBI)

**Mandate:** Children's Health Act of 2000

This program's purpose is to expand advocacy services for individuals with traumatic brain injuries and to expand the service delivery system for this group. PATBI was created through a grant from the Department of Health and Human Services, Health Resources and Services Administration.

## PROTECTION AND ADVOCACY FOR VOTING ACCESS (PAVA)

**Mandate:** Help America Vote Act

As part of efforts to educate people with disabilities about their voting rights and their recourse when those rights are denied, a brochure has been developed as a quick reference tool concerning voting rights to be used by voters with disabilities. This brochure provides a basic summary of the historical basis for HAVA, a thumbnail "Bill of Voting Rights," and contact information in the event a voter believes those rights have been violated.

The curriculum IPAS offers for collaboration with groups representing persons with disabilities includes the voting rights video produced by Secretary of State Todd Rokita's office, with substantial input from IPAS. In connection with this video, it has been emphasized to each of the groups approached that the video is simply a tool and a starting point in the education process. Two publications from the Indiana Governor's Council for People with Disabilities, "Removing Barriers for Voters with Disabilities" and "Voting in Indiana," round off the curriculum.

## PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS)

**Mandate:** Ticket to Work™ and Work Incentive Improvement Act of 1999

For individuals with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who want to work or return to work. The role of PABSS is to provide advocacy for beneficiaries of Social Security who have problems obtaining, maintaining, and retaining employment. PABSS is funded by the Social Security Administration.

## PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM (PAIR)

**Mandate:** Section 509 of the Rehabilitation Act (see U.S.C. 794e)

For individuals who meet the ADA definition of disability, and who are not eligible under the other programs. The Protection and Advocacy of Individual Rights (PAIR) program is a federal formula grant program established under Section 509 of the Rehabilitation Act to promote the legal and human rights of people with disabilities. PAIR also addresses systemic reform issues to promote compliance with the Americans with Disabilities Act. PAIR is funded out of the U.S. Department of Education, Office of Special Education, and Rehabilitation Services Administration.

# 2005 IPAS Program Priorities

## ABUSE AND NEGLECT

- To reduce or eliminate the abuse and neglect of individuals with disabilities.
- To provide timely and accurate information about disability rights to individuals with disabilities, their families, and professionals.
- To increase awareness and empowerment through provision of training and technical assistance to individuals with disabilities, their families, and professionals about disability rights and exercise of these rights.
- To reduce or eliminate the denial of rights and discrimination of individuals due to a diagnosis of a mental illness.

## EQUAL ACCESS AND OTHER RIGHTS

- Assure physical, program and service access for individuals with disabilities through compliance with the Americans with Disabilities Act and the Fair Housing Act.
- Assure access of individuals with disabilities to polling places through compliance with the Help America Vote Act.
- Assist individuals with disabilities in obtaining the assistive technology services and devices they need to function more independently.
- Maintain an ongoing effort to identify emerging and existing barriers which inhibit individuals with disabilities from full participation in their communities and the exercise of their rights.

## EMPLOYMENT

- Assist eligible individuals with disabilities in securing services through vocational rehabilitation services and independent living centers.

- Promote and preserve individuals rights to make informed choices as they fully participate in the vocational rehabilitation process.
- Assist beneficiaries of Social Security in securing services through employment programs under the Ticket to Work and Self-Sufficiency Program.
- Identify and correct deficiencies with entities providing services to individuals through the Vocational Rehabilitation, Ticket to Work and Self-Sufficiency programs.

## SPECIAL EDUCATION

- Represent students with disabilities whose educational services have been inappropriately reduced or terminated due to suspension or expulsion, in order to assure their right to receive a free and appropriate public education.
- Represent students with disabilities who have been denied educational benefits of or subjected to discrimination in five targeted special education districts, in order to assure their right to receive a free and appropriate public education.

## AGENCY-WIDE PRIORITIES

- To assure the provision of high quality advocacy Services.
- Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services, and successes.
- Outreach to minority and under served individuals with disabilities, concerning disability rights issues, IPAS services, and success.
- Provide timely and accurate information for management and reporting.

## IPAS Mission Statement

**TO PROTECT AND PROMOTE THE RIGHTS OF INDIVIDUALS WITH DISABILITIES,  
THROUGH EMPOWERMENT AND ADVOCACY.**

# IMPACT Year in Review 2005

## REPRESENTATIVE CASES

### ABUSE AND NEGLECT

Freedom from abuse and neglect is a fundamental right. One of the primary purposes of Indiana Protection and Advocacy Services Commission is to work towards eliminating abuse and neglect of individuals with disabilities. Abuse and neglect can be defined in many different ways. In addition to physical and sexual abuse, financial exploitation, and inappropriate treatment may be considered as abuse or neglect.

During the past year, IPAS responded to approximately 294 allegations of abuse and neglect on behalf of 246 clients in institutional and community settings e.g. state-operated facilities, comprehensive mental health centers, group homes, jails, and prisons.

Here are some representative cases that illustrate the type of problems individuals with disabilities face, as well as some solutions that resulted from IPAS intervention.

### ABUSE/NEGLECT: STATE-OPERATED FACILITIES

**Representative case:** “Fred” contacted IPAS with allegations that his community services gatekeeper would not plan for his community placement — reportedly due to his refusal to attend activities off-grounds from the state-operated facility where he was residing. When the IPAS advocate met with Fred, it was discovered that he was claustrophobic, resulting in his inability to ride in a van to attend programs off-grounds as required. The treating state hospital staff concurred with the diagnosis of claustrophobia, but had not addressed the issue in his treatment plan.

Through IPAS intervention, his treatment plan was revised to include treatment programming to address the client’s claustrophobia. While the state hospital staff worked with Fred, teaching him stress-reducing techniques, the advocate began negotiating with the community provider to establish alternative criteria for use in determining when the client would be ready for community placement.

**Outcome:** As a result of IPAS’ intervention, Fred received appropriate mental health treatment to address the barriers to his release. He has subsequently returned to the community and is now living in a supported setting.

#### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Secured more therapeutic client accommodations
- Access to more appropriate services in inclusive and integrated settings
- Positive changes in policy, law, regulations, e.g. a facility reviewed their policies concerning the proper means of defusing a situation in an attempt to avoid the need to use restraint
- Intervention resulted in change to the client’s environment, resulting in increased safety and welfare
- Community capacity was increased due to IPAS involvement (appropriate habilitation plans, home modifications in place) through Muscatatuck State Developmental Center residents transitioning to community living

\* The names in these cases have been changed to protect the anonymity of the clients.



## ABUSE/NEGLECT: RESIDENTIAL CARE ASSISTANCE PROGRAM

**Representative case:** IPAS received an anonymous allegation that staff at a room and board facility had taken the hearing aids away from a resident as punishment. When the IPAS advocate began their investigation, it was found that for three weeks, staff had been preventing “Joe” from having access to his hearing aids. The staff’s rationalization was that it was done to repair the hearing aids and prevent the client from damaging them — the hearing aids had stopped functioning because he had showered while wearing them. IPAS’ inquiries as to the timeliness of staff response to Joe’s needs found that he was overdue in several medical examinations. IPAS was successful in having the hearing aids returned. Further inquiries into Joe’s care found an apparent lack of routine follow-up medical care.

**Outcome:** As a result of IPAS intervention, Joe was seen by an audiologist resulting in the fitting of new hearing aids and by an ophthalmologist for the fitting of new eye-glasses. As his ability to hear and see was restored, he again began participating in his treatment plan with the local community mental health center.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Obtained appropriate medical care for a client at a room and board facility
- Implementing new policies concerning physician care by the director of a room and board facility, allowing a resident direct access to medical care, rather than going through staff members
- Advocating for the need of a room and board facility to provide residents access to the community
- Allegations of abuse and neglect were validated and abuse/neglect reduced or stopped
- Positive changes in treatment plans to address unmet needs
- At one facility, staff was trained in meeting the objectives and goals as written in the individual’s care and treatment plans
- A facility installed video cameras in the nurses’ station, medication area, cigarette storage room, halls, and dining room to better observe any unusual activities
- Increases in opportunity for successful community integration

## ABUSE/NEGLECT: JAILS AND DETENTION FACILITIES

**Representative case:** IPAS investigated an allegation that “Paul” was denied appropriate medical care for cancer. Along with Paul, the IPAS advocate interviewed the medical staff treating the client, and the Wishard Prison Health System

liaison. Medical records were also reviewed in which it was discovered that the doctor had not seen the client more than three times since his arrival at the Miami Correctional Facility. During this time, Paul was diagnosed with lymphoma. The day before a scheduled meeting, the medical staff scheduled an appointment at Wishard Hospital in the hematology clinic.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Obtained appropriate medical care for a client detained in a county jail
- Negotiated with a comprehensive mental health center (CMHC) to provide services to the client while he was incarcerated
- Negotiated placement for a client in a state hospital where appropriate programs could be provided
- Secured radioactive thyroid therapy and chronic care medical assistance for an incarcerated client with Graves’ disease

**Outcome:** Paul was given more pain medication, moved to a more appropriate unit (dorm area for chronic care), received a Pillow Pass and extra mattress, and began receiving care by different doctors. Medical staff informed Paul that anytime he would like to move into the infirmary, he could do so. He also had a series of chemotherapy sessions and a hematology follow-up at Wishard Hospital. At that time, IPAS determined that the client was receiving the appropriate medical care needed for the cancer.

## ABUSE/NEGLECT: COMPREHENSIVE MENTAL HEALTH CENTERS

**Representative case:** IPAS was contacted by the father of a resident of a comprehensive mental health center’s (CMHC) group home with a complaint that his adult daughter was being removed from the home due to alleged noncompliance issues with her treatment plan. While IPAS determined that the allegations of noncompliance were valid, it was IPAS’ position that the CMHC continued to have responsibility to serve the client. While there was agreement concerning the client’s diagnosis — borderline personality disorder — IPAS argued that her noncompliance was part of her symptomology.

While working to maintain the individual’s right of participating (or not participating) in treatment, IPAS also advocated that the CMHC continue to provide services such as not dismissing an individual due to their symptomology, under the pretext of a client’s right of refusal.

**Outcome:** The individual continued living independently and receiving support services from the CMHC within the boundaries of a treatment plan that both addressed the client’s wishes and adhered to the staff’s clinical judgment of needs.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Individual environments were changed to increase safety and welfare
- A client was discharged, consistent with their treatment plan
- Treatment plans were changed to address unmet needs



## ABUSE/NEGLECT: LEAST RESTRICTIVE ENVIRONMENT/SAFE COMMUNITY SETTINGS/ APPROPRIATE HABILITATION PLANS

**Representative case:** “Christine” contacted IPAS with the complaint that she and her case manager believed her brother was mishandling her finances. She had received bank statements which indicated her brother had overdrawn her account. When approached by the case manager, he did not want to discuss the issue. The IPAS advocate initially met with Christine and her case manager and also visited Christine’s home, which needed repairs. The case manager explained that it was the family home built by her father and that her brother refused to make any improvements.

The advocate spoke with the brother about Christine’s overdrawn bank account and the lack of funds available for her living expenses. The advocate coordinated and attended a meeting with Christine and her service providers to discuss finances, as well as strategies to insure that Christine’s brother would support her decision to become more financially independent. The agreed-upon plan involved assisting Christine in opening a new checking account, formally requesting Social Security to change the payee from the brother to Christine, and finding a safer place for Christine to

live. The team decided to meet with the brother again to fully explain the benefits of the plan for increased independence with her finances.

Christine was able to move into a new home and selected a roommate to live with her. She reported that she had no difficulties paying bills and still had money left over to go out in the community or buy things she wanted. She used some of the money she saved to purchase new bedroom furniture. IPAS attended one last meeting in which goals were established for assistance in writing and balancing Christine’s checkbook, as well as finding a community job and having time in her new home without the assistance of staff.

**Outcome:** Christine, with IPAS assistance, was able to move to a home she chose, increase her financial independence, become more active in her community and gain the confidence to approach more independent activities, such as staying home alone, without staff assistance.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Secured appropriate services from a home care provider through Indiana’s CHOICE program
- Secured a new attendant care provider and case manager for a client
- Discovered a potential conflict of interest between a client’s case manager and the management of a service provider
- One client changed job coaches with IPAS intervention and gained a community job
- IPAS intervention resulted in more appropriate in-home care
- IPAS documented provider financial exploitation of one client and intervened, resulting in financial restitution
- IPAS intervention resulted in APS negotiating an agreement ordering a parent not to interfere with the treatment of their adult child
- An allegation of physical abuse was validated and the environment changed
- One client was in an auto accident with an unlicensed provider driver and due to IPAS intervention the state has changed its policy to require providers to check staff driver’s licenses every six months
- One client received state funds so that he could move into his own apartment and live independently
- As a result of a client being left unsupervised in a van for more than an hour, his provider changed its policy regarding transportation
- IPAS intervention led to a change of environment for our client to improve safety and welfare
- A provider change resulted from IPAS intervention to increase the safety of our client
- A new representative payee was secured for our client and a report made to the Medicaid Fraud Division as large amounts of money had been mishandled
- Sexual abuse was validated by IPAS and the provider relocated the accused perpetrator to prevent further incidents

## EQUAL ACCESS AND OTHER RIGHTS

These ensure individuals with disabilities have access to programs, services, buildings, and housing. There are continual barriers to equal access to services, programs, and facilities for individuals with disabilities. These barriers include physical inaccessibility to governmental and public places, reluctance of medical providers to provide accommodations in the provision of their services, or outright denial of all types of services due to ignorance of both disability issues and the laws in place to protect those rights.

### EQUAL ACCESS: ASSISTIVE TECHNOLOGY

**Representative case:** “Danielle” is a 13-year-old girl with cerebral palsy. She has the ability to ambulate with a wide-based gait but cannot maneuver stairs. Sometimes during the school day she tires easily and needs to use a wheelchair. Danielle was unable to access the second floor of her school for some classes because the school’s lift did not work properly, and the school was unwilling to repair it. This left Danielle isolated in a study hall room on the first floor without other students, or sometimes a teacher. The IPAS advocate participated in the student’s individual education plan (IEP) meeting and educated school officials about their responsibilities under the Americans with Disabilities Act (ADA), as well as their obligations under Individuals with Disabilities Act (IDEA) and Indiana’s Article 7. The school officials agreed to repair the lift.

For the next several weeks, the lift worked inconsistently and Danielle was trapped in the lift on more than one occasion. Again, the elevator lift was repaired. The advocate insisted that a factory representative be involved in the second repair and inspection process. While the elevator was repaired, there still remained a question about Danielle’s safety while using the lift. The lift had an alarm that sounded only in the immediate area and could not be heard by staff or students in the nearby vicinity.

The IPAS advocate questioned the school officials regarding what steps would be made to ensure Danielle’s safety. The school stated that they planned to have a student who would accompany Danielle to the lift and then stand outside it in order to hear the alarm, should it go off. The advocate objected to this plan because it put Danielle’s safety into the hands of another student, rather than with staff.

**Outcome:** The school agreed to modify the alarm system so that it would be louder and heard more easily, increasing Danielle’s safety while using the lift.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Obtained an appropriate vocational goal for a client’s individual plan for employment (IPE)
- Procured a breath-operated wheelchair and voice-activated computer for a client as a result of an assistive technology assessment

## EQUAL ACCESS: AMERICANS WITH DISABILITIES ACT (ADA)

**Representative case:** “Mike” drives a modified van with a wheelchair lift necessitated by quadriplegia. He contacted IPAS with two allegations. One allegation was that an Indianapolis gas station violated the Americans with Disabilities Act (ADA) when station staff refused to assist him in refueling his van. The second allegation was that an Indianapolis restaurant was inaccessible.

Mike related that he had visited the station in question and requested at the drive-through window that an employee assist him in refueling. This was the practice that Mike had successfully used at this station numerous times. Mike pulled up to the gas pump and waited for about 10 minutes. A station employee walked out to the van and informed Mike that his manager had instructed him that he could not assist Mike in refueling. Mike requested to speak to the manager, who walked out to Mike’s van and informed him that everyone was too busy, but if Mike wanted to wait for about an hour and a half, they would assist him. Mike asked if this was corporate policy. The manager stated it was his policy.

The IPAS advocate contacted another BP station manager to get information about BP’s general refueling policy and was informed that as long as there are at least two employees, they were to assist customers with disabilities. This manager provided the advocate with the name and number of the area supervisor. The advocate contacted the BP manager of the station that denied the refueling service. While it was determined that there were at least two employees working on the day in question, the manager abruptly informed the advocate that he could not have anyone assist Mike on the day in question. The advocate called the area supervisor on two occasions and left messages, but received no response. The advocate then contacted the BP corporate office by e-mail and was informed that the situation was being investigated.

**Outcome:** Mike has returned to the BP station in question and has had no further difficulties with assistance in refueling his van.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Informed Vocational Rehabilitation Services of New Castle of their responsibility to clear snow from sidewalks and ramps
- Secured a sign language interpreter for a client during her contact with the Department of Family and Children
- Conducted an investigation that included working with other advocacy agencies as well as a client to develop an appeal argument denying ADA services, a cab service for the disabled, through Elkhart County Transit Services
- Attended an appeal with a client who, with the guidance of an IPAS advocate, independently presented an argument resulting in discounted taxi services
- Attended an on-site visit to the University of Southern Indiana’s president’s home to determine its ADA accessibility, ultimately resulting in the structure being in violation of Section 504 and of ADA Title II accessibility provisions
- Assisted a client with a formal ADA Title II complaint at the federal level — a complaint referred to the U.S. Department of Education and the Office for Civil Rights
- Informed the operations manager for Yellow Cab of a client being denied service because of a service dog on multiple occasions
- One general hospital system revised their pet and service animal policies to ensure compliance with the Americans with Disabilities Act. IPAS discovered that the facility’s personnel had difficulty with the concept that service animals carry out a multitude of functions for a wide variety of individuals with disabilities and that service animals are not just for individuals with visual impairments.
- Facility increased sign language interpreter services to address the needs of our client as well as the other six residents at the treatment facility

## EQUAL ACCESS: THE COMMUNITY

**Representative case:** “Jeffrey” is a 26-year-old man with a traumatic brain injury. He wanted to work full time and own a home. Jeffrey’s parents had become his guardians after an accident that resulted in his traumatic brain injury, and had entered into an agreement of setting aside their son’s funds into a supplemental needs trust. Such funds are designed so the principal and its earnings supplement a Social Security beneficiary’s care and do not replace the funds required to pay for the same care. This planning is allowed for in the Omnibus Reconciliation Act (OBRA) of 1993. Jeffrey was employed and rented a home that he wanted to purchase located close to his parents,’ but the trustees of the fund refused to allow him to take money from the trust. The IPAS advocate entered into informal negotiation with the trustees of the trust fund. The advocate encouraged Jeffrey and his guardians to provide specific information to the trustees that would reduce their fears of releasing the funds for purchase of the home. The trustees of the fund needed to know the condition and appraisal price of the home and Jeffrey’s earnings, as well as his ability to maintain the home over time and to budget his finances.

**Outcome:** Jeffrey and his parents were able to provide significant information to the trustees of the fund and these funds were released to Jeffrey clearing the financial barrier and allowing him to purchase his own home.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Clients’ environment were changed to increase safety and welfare
- Clients took action to advocate on his or her behalf

## GUARDIAN AD LITEM

Judges may at times appoint IPAS to act as guardian ad litem for persons with disabilities involved in actions before their court. A guardian ad litem’s responsibility is to protect the rights of the person within the context of the pending court action.

**Representative case:** IPAS was appointed as guardian ad litem for a woman who was diagnosed with a developmental disability (mental retardation), and who has a child that was going to be adopted away from her. She was not in a position to take care of the child and did not want to do so. The IPAS legal representative completed the paperwork required as part of the adoption process. The client expressed that this decision was the best one she could have made.

**Outcome:** IPAS did insist, pursuant to her wishes, and considering her rights as a biological mother, on a post-adoption visitation agreement. We learned that such an agreement is unenforceable until a child is at least two years old. IPAS then insisted that the final adoption hearing be postponed until after the child’s second birthday. The adoptive parents were somewhat reluctant to postpone the hearing, but once the legal issue was explained, they agreed. IPAS believes this post-adoption visitation agreement was fair to all the parties.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Successful litigating of a mainstream educational setting for a youth with hearing impairment
- Secured more appropriate educational setting
- Access to the administrative/judicial process

## EMPLOYMENT

Historically, individuals with disabilities have experienced a higher rate of unemployment or underemployment, which represents a significant barrier to achieving the level of independence and productivity that many people with disabilities wish to attain. IPAS provides advocacy services for individuals with medically diagnosed physical or mental impairments which result in a substantial impediment to employment. These individuals seek and receive services through Vocational Rehabilitation Services. This includes individuals who receive Social Security Disability Insurance or Supplemental Security Income and assistance to individuals experiencing problems with return-to-work issues, obtaining or receiving workplace accommodations or issues with employment service providers. This year IPAS represented 123 individuals in resolving employment-related concerns.

Following are some representative cases that illustrate some of the barriers that individuals with disabilities have faced and have overcome with IPAS' assistance.

### EMPLOYMENT: EMPLOYMENT TRAINING

**Representative case:** "Jane" is a 20-year-old individual with the disability of cerebral palsy with spastic quadriplegia. Jane had begun receiving services from Indiana Vocational Rehabilitation Services (VR) in 2004 in order to obtaining a bachelor's degree from a local college. Jane had successfully completed her first year of college and was preparing to begin her second year when her VR counselor told her that VR would not provide all of her needed services, specifically attendant care.

The IPAS advocate reviewed Jane's VR file and spoke with Jane and the VR counselor. The advocate determined that VR was indeed paying what was obligated to pay for attendant care but had failed to provide Jane with other needed information and supports that would allow her to access full-time attendant care. The advocate was able to coordinate a meeting with all parties in attendance, including Jane, her VR counselor, representatives from the college, a representative from an independent living center, and Jane's parents. Jane was able to procure a room at the college on the first floor and a roommate of her choice that could assist her with some activities of daily living, thereby removing the need for 24-hour attendant care. College policy was clarified in relationship to students being paid as caregivers. The advocate was also able to clarify the Americans with Disabilities Act to both VR and the college. Furthermore, the advocate was able to involve the local independent living center that provided Jane with training in daily living skills and some attendant care.

**Outcome:** After many meetings, the advocate was able to coordinate the receipt of all services that Jane needs to successfully complete her college degree.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Advocated for vocational rehabilitation to adhere to a client's individualized plan for employment (IPE) to pay for tuition, books, fees, supplies, and transportation costs as part of her financial aid's unmet need
- Advocated for vocational rehabilitation to provide funding for a mentally ill client's transportation costs, a voltmeter, and books to complete auto mechanic certification
- Worked with Vocational Rehabilitation (VR) to create a revised individual work plan for a client that included mental health services
- Secured payment for a repeat pre-employment drug screen for a client living in a Medicaid waiver supported living arrangement, with no history of drug use
- Convinced VR to reopen a case for a client with autism and provide additional job coaching services, as well as an appropriate transition plan
- Secured a new VR counselor for a client with autism
- IPE modified to include training in Braille, computer technology and provision of assistive technology
- Advocated for support services provided by a customized employment grant for a client



## SPECIAL EDUCATION

Due to increased emphasis on school discipline, students with disabilities are at increased risk of termination or reduction of their educational services. Students, parents, and advocates need information and support to enable them to effectively self-advocate. There are also school systems in Indiana which exhibit ongoing violations of IDEA and Article 7 (Indiana's special education regulations).

IPAS represented more than 60 students who had their educational services inappropriately reduced or terminated due to suspension or expulsion, and took appropriate action to assure their right to receive a free and appropriate public education.

### SPECIAL EDUCATION: SUSPENSION/EXPULSION

**Representative case:** “Chris” is a 17-year-old young man in Hancock County with developmental disabilities who receives special education services in high school. His family contacted IPAS because the school alleged that he started a fire in one of its restrooms. The school moved for expulsion, and a manifestation hearing was held. The determination of the hearing officer was that there was no connection between the disability and the occurrence, which was contrary to evidence and the perceptions of the parents. A request for due process was made, and IPAS agreed to represent.

**Outcome:** The case first went to mediation, and ultimately reached a satisfactory result. The parents had wanted the expulsion removed from his record, and Chris was in the alternative school as a placement during the time of waiting for the due process hearing. The student preferred the alternative school and did not want to return to the regular high school. The school officials were willing to remove the expulsion from his record, in return for his agreement to continue in the alternative school, at least until the next case conference. This resolution satisfied all parties.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Secured a behavioral intervention plan, social work services, and a plan to reintegrate back into school for a homebound client with an inappropriate individualized education plan
- Filed a formal complaint in the name of a client because a school did not adhere to time restraints in the administrative code regarding special education evaluations
- Filed a formal complaint in the name of a client because a school did not hold a manifestation determination case conference
- Secured compensatory educational services
- Advocated to have all of a school's agency personnel retrained concerning the law's requirements and its application. Systemically, this affected the special education cooperative serving the tenth largest student population in Indiana
- Provided information about rights and strategies to exercise rights
- Assessments to determine needed services to receive a free and appropriate public education were secured
- IPAS attendance at mediation resulted in a monetary settlement for our client
- More appropriate individual education plans were written as the result of IPAS intervention
- A school agreed to provide therapy and a behavioral specialist to write and implement an appropriate individual education plan after IPAS attended several case conferences and medical appointments with a family
- IPAS attended manifestation determination reviews, where it was determined that behaviors were not related to the disability and educational services were reinstated.
- As a result of a complaint filed with the state Division of Exceptional Learners (with IPAS assistance), movement towards an institutional placement was stopped and a new community placement found



## SPECIAL EDUCATION: CLASSROOM ASSESSMENT

**Representative case:** “Eli” is a 10-year-old child with traumatic brain injury and autism. Eli had been placed on homebound services due to the frequency and severity of behaviors. He was receiving only two hours a week in homebound services and the school had no plan in place to transition him back into the classroom. The IPAS advocate assigned to Eli’s case reviewed information on the Individuals with Disabilities Education Act as well as Indiana’s rules on special education, Article 7. The advocate determined that Eli’s current individual education plan (IEP) did not meet his needs and did not contain any transition plan. Furthermore, the school had failed to provide personnel with specialized training in regards to traumatic brain injury as required by Article 7. The advocate began attending case conferences with Eli and his family.

IPAS reviewed complaints of special education students in targeted special education entities that may have been denied the benefits of or subjected to discrimination under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973, to obtain/retain appropriate educational services.

**Outcome:** The school agreed to obtain additional assessment(s) in regards to Eli’s behavior and what was occurring in the classroom. Additionally, the school agreed to develop a transition plan for Eli to re-enter the classroom.

### ADDITIONAL INVESTIGATIONS UNDERTAKEN AND OUTCOMES ACHIEVED THROUGH IPAS INTERVENTION:

- Secured a special education service evaluation for a client with attention deficit hyperactive disorder, oppositional defiant disorder, and mood disorder, through Westfield High School
- Negotiated for a measurable annual and transitional plan
- Increased compliance with Individuals with Disabilities Education Act, Free and Appropriate Public Education, section 504, and 508 of the Rehab Act
- Secured or restored special education services
- Suspensions and expulsions were reversed
- School agreed to identify the student as an Article 7/Other Health Impairment student. Prior to IPAS intervention, identification had been denied
- The case conference committee agreed upon an appropriate educational placement and compensatory hours
- The issues of extended school year (ESY) and occupational therapy services were successfully addressed with IPAS intervention. A settlement was reached regarding denial of past ESY and the establishment of criteria for future ESY
- Secured access to admin/judicial processes
- Assessments to determine needed services to receive a free and appropriate public education were secured
- One child who had a primary aide in their previous school district and was denied aide after transferring to new school, secured a new aide
- Assisted one client in mediation with the Office of Civil Rights and successfully secured needed accommodations

## AGENCY-WIDE: GROUPS, COMMITTEES, AND ORGANIZATIONAL WORK

### CRISIS INTERVENTION TEAM SUPPORT

IPAS supports the creation and/or development of crisis intervention teams on at least one Indiana city police department.

Crisis intervention team training emphasizes specialized training for police officers in dealing with individuals in the community who have mental illness and are experiencing crisis.

During this year, a number of Indiana's city Police departments developed crisis intervention teams. A total of 123 individuals attended CIT events at several different locations during the year.

IPAS/PAIMI continues to support established CIT programs. Fort Wayne NAMI and NAMI Indianapolis and two new programs were established. NAMI West Central and NAMI East Central Indiana both held CIT trainings this year. IPAS supported these trainings as follows:

- 50 training manuals were provided for the Fort Wayne Crisis Intervention Team (CIT)

- 30 training manuals and printing were provided for NAMI West Central Indiana Crisis Intervention Team (CIT)
- 40 training manuals and printing were provided for NAMI East Central Indiana Crisis Intervention Team (CIT)

Over the course of year these additional Law Enforcement officers were trained:

- 57 individuals from the Indianapolis Police Department
- 51 individuals from the Marion County Sheriff Department
- 5 individuals from Wishard Hospital Security
- 3 individuals from Indiana State Police
- 3 individuals from Lawrence Police Department
- 2 individual from Indiana Department of Mental Health and Addictions
- 2 individuals from Hancock County Community Corrections.

### ACCESS FOR INDIVIDUALS WITH DISABILITIES THROUGH PARTICIPATION ON THE ADA STEERING COMMITTEE

IPAS participates on the state's ADA Steering Committee as a means to promote increased access for individuals with disabilities and to promote compliance with and awareness of the Americans with Disabilities Act.

#### Outcomes:

- IPAS serves as host for monthly ADA teleconferences which examine various ADA rights issues and which are advertised and open to the public.

- The ADA Steering Committee was involved in the ADA Anniversary Celebration held in July at the Statehouse Rotunda and the Indianapolis Arts Garden. The celebration included announcing the results from the Community ADA assessment report card.
- The committee continued to disseminate information via ADA Indiana Web site and contributed to promoting access by distributing information on ADA to those in the community at conferences.

### ACCESS TO POLLING PLACES: HELP AMERICA VOTE ACT (HAVA)

IPAS has continued to collaborate with the Indiana Governor's Planning Council for People with Disabilities. Participating in the Annual Conference for People with Disabilities, sponsored by the Indiana Governor's Planning Council, IPAS has provided information about the rights of individuals who believe their rights under HAVA have been or are about to be violated. The efforts of IPAS, in cooperation with the Secretary of State and the Indiana Governor's Planning Council have been successful in disseminating information about the requirements and rights under HAVA. As the date for compliance approaches, IPAS has assisted county clerks and commissioners with questions concerning the specifics of accessibility.

In addition to assisting with the implementation of HAVA within Indiana, IPAS has communicated with the Secretary of State's office about the potential impact of Indiana's new law requiring that all voters (except those voting by absentee ballot) present a government issued identification. Based on the concerns expressed by IPAS about the impact of this law on persons with disabilities, Secretary of State Todd Rokita has solicited our involvement in a committee to identify problems for persons with disabilities created by the new law and find solutions. IPAS is ready to help voters who have access problems in the May primary elections with the new voter complaint process.

## **BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES COMMUNITY RESIDENTIAL FACILITIES COUNCIL**

IPAS attendance and advocacy efforts continued toward the council having sufficient information with which to make informed decisions on new provider approval and license renewal approval for providers of residential community services. Some progress has been made and the council now receives monthly summary data reports from Bureau of Quality Improvement Services.

### **Outcomes:**

- As a result of IPAS/PADD participation, the council renewed its determination to continue to seek an adequate amount of detail on providers whose licenses are brought to the council for approval and renewal.
- IPAS provided input which resulted in additional questions being asked of providers who were neglectful in their responsibilities to the people whom they serve.
- IPAS continues to request that all data used by the state in making recommendations to the CRFC for their vote be provided to members.
- The IPAS representative completed the online required Health Insurance Portability and Accountability Act (HIPAA) training required for all members.
- IPAS' participation on this council resulted in changes to the state provider rule that will benefit client choice and improve individuals with developmental disabilities health and safety.

## **MARION COUNTY MENTAL HEALTH ASSOCIATION'S GUARDIANSHIP COMMITTEE**

IPAS' attendance continues to provide input into the important decision of whether or not the right to freedom of choice and ability to give informed consent should be curtailed and provide for the safety and welfare of a person with a developmental disability through the appointment of a guardian. Forty-five guardianships were held by the MHAMC at the end of Fiscal Year 2005.

## **REGIONAL SERVICE CENTER'S STATUS**

The regional services center concept is being replaced by State Services Transformation Initiative, in all but the Southeastern Region. Meetings to set up other proposed centers were few during Fiscal Year 2005. The Southeastern Regional Services Center still meets but has held no formal meetings since August

2005 to address developmental disability issues; furthermore, it is not likely to become productive until systems issues with localization are finalized.

## **INDIANA'S PARTNERS IN JUSTICE**

Meetings of the Indiana Partners in Justice were held primarily to keep members informed of developments in the field of criminal justice. Inquiries to identify and determine availability of statewide services as well as a survey to provide feedback from self-advocates, family members, and providers were proposed and will take place in the new grant year.

## **THE BRAIN INJURY ASSOCIATION OF INDIANA**

A media buy was completed in September of 2005. This media buy included two radio public service announcements (PSAs) regarding identification and causes of brain injury. These PSAs also provided contact information for the Brain Injury Association of Indiana as well as IPAS. The number of individuals reached via the media buy was 811,700.

IPAS continued to partner with the Brain Injury Association of Indiana (BIAI) in regards to their September 2005 Annual Conference as well as a series of regional conferences. The PATBI coordinator serves as a member of the BIAI Education Committee.

IPAS is nearing completion of the printing of an educational packet to be distributed to school-aged children with traumatic brain injury (TBI). Information contained in these packets will focus on the educational rights of students with disabilities. These packets will be provided to all of the rehabilitation hospitals in Indiana serving school-aged children with TBI for dissemination upon the children's discharge from the rehabilitation hospital.

## **INDIANA VOCATIONAL REHABILITATION SERVICES (VR)**

IPAS continues to have a close working relationship with Indiana Vocational Rehabilitation Services (VR), the largest employment network in the state. IPAS continues to have input into all proposed VR policies which will affect all individuals seeking employment and rehabilitation services, including Social Security beneficiaries utilizing their tickets. IPAS has participated and/or provided input via several VR workgroups including: Restorative Services; Financial Participation, Appeals Process, Assistive Technology, Van Modifications, and Supported Employment. An IPAS program coordinator continues to serve on the Indiana Commission on Rehabilitation Services and is very vocal in terms of supporting continued monitoring of all VR practices and policies.

## HUMAN RIGHTS COMMITTEES AT STATE-OPERATED FACILITIES

The basic, most general goal and purpose of any resident/human rights committee is to assist with protecting and enhancing the rights and dignity of persons receiving services at the state operated facilities while promoting the facility's code of organization ethics and the state of Indiana Code of Ethics. However, the more specific goal and purpose of each Resident/Human Rights Committee depends largely upon which facility the committee serves as well as said facility's population. One committee may review and resolve patient complaints and review proposed policies which may impact patient rights, while another may review the specific treatment plan of the most difficult-to-treat patients, often requiring discussion of treatment modalities which may also contain rights' implications. IPAS participates on these bodies in order to influence changes in policies and priorities to enhance residents' safety and exercise of rights.

### Outcomes:

- Muscatatuck State Developmental Center (MSDC) Human Rights Committee was to review community Human Rights Committee plans; therefore, the committee offered suggestions to several community agencies on types of information necessary to submit a plan for a MSDC Human Rights Committee review. Said review of community plans, as well as reviews of the changes made on behalf of the individuals at MSDC, continued until this facility was closed.
- A physician at a state-operated facility (SOF) was proposing the implementation of a new ward policy. The physician reported several patients on his ward consistently refuse to go the treatment mall or to their recommended programs. In most cases, these patients are choosing instead to stay in their rooms and sleep much of the day; therefore, as a possible solution to this issue, the physician was proposing to lock all patients out of their rooms during the scheduled

treatment mall hours. As he envisioned this proposed policy, the only exceptions would be those patients with illnesses or other health issues that might prevent their participation in programs.

Before pursuing the actual policy implementation, however, the physician contacted the IPAS advocate, requesting input on how and/or if this policy would violate any patient rights. After reviewing the proposal and consulting with a member of the IPAS legal staff, the IPAS advocate advised the physician that his proposed policy did appear to be a potential violation of patient rights.

Because of the feedback the IPAS advocate provided, the physician reported that he would not pursue this proposed policy further and would instead consider less restrictive possibilities.

- Often, when patients submit a grievance, there was little or no follow-up or resolution with the patient. The specific reasons can range from unsubmitted or lost paperwork, the patient supposedly reported that he or she did not wish to further pursue the issue, etc., but regardless, several patients had expressed a growing concern that without follow-up, the procedure was useless. IPAS advocated that the hospital administrative staff take more responsibility within this area by developing a way of tracking the forms once they had been submitted. To that end, one SOF Human Rights Committee brainstormed ways to alleviate the problem. It was decided, following much discussion, that the forms would be printed on two-sided NCR paper so that the patient could keep the second page (a copy of the first page which is turned in) to provide a patient with a record of their complaint. The changes were promptly approved and the new forms printed so staff and patients could be appropriately trained.

**Representative case:** The case involves a 27-year-old female with a variety of diagnoses, who had historically been a very difficult patient to treat. The patient also had a long history of institutionalization, as well as a history of being shuffled between Indiana's State-Operated Facilities (SOF).

The advocate voiced opposition to a recommendation involving another move to SOF, citing the client's placement history and the apparent lack of clinical support for simply moving the client to yet another SOF. The Human Rights Committee was split on the issue, with the majority (including the superintendent) appearing to favor a transfer. Fortunately, they did agree to reduce the scope of the recommendation in that they would only support a temporary transfer to provide a respite to the

SOF staff, or to possibly send her to the research unit of another SOF to obtain some behavioral recommendations.

Through continuing attendance at the Human Rights Committee and at the client's team meetings, and through continuing contact with the Continuum of Care Department, the advocate closely monitored this issue over the next several months. The recommendation to transfer the client was subsequently dropped and the client's physician presented a positive report on client's current status and response to treatment.

**Outcome:** If the advocate had not been attending this committee's meetings, it is quite possible that IPAS would have missed the opportunity to quickly forestall this client's potential transfer to another SOF.

## AGENCY-WIDE: EDUCATION AND OUTREACH

### DUAL DIAGNOSIS CONFERENCE

A statewide conference regarding effective mental health treatment for individuals who are dually diagnosed, with mental illness and developmental disabilities, was conducted in Fiscal Year 2005. A Dual Diagnosis Conference was held 11/10/04. IPAS collaborated with numerous entities on this event attended by 300 individuals. IPAS partnered with the following:

- Choices, Inc.
- The ARC of Indiana
- The Mental Health Association in Indiana
- FSSA
- Behavior Corp
- The Institute on Disability and Community
- Midtown Mental Health
- Indiana University School of Medicine
- Mental Health Association in Marion County
- Indiana Council for People with Disabilities

### IPAS COLLABORATIONS

Our ability to meet our mission to provide protection and advocacy is enhanced by partnerships and collaboration. IPAS had numerous opportunities to partner with other entities this year. Following are a few samples of our collaboration efforts. On Dec. 8, 2004, two IPAS staff attended and IPAS collaborated with the Institute on Developmental Disabilities (Back Home in Indiana Alliance), Indiana Housing Finance Authority, Indiana Legal Services Housing Law Center, Governor's Council for People with Disabilities, and the Indiana Civil Rights Commission on a one day training "A Place to Call Home, Fair Housing for People with Disabilities and Elders" in Indianapolis.

IPAS collaborated with the Institute on Disability and Community to translate nine housing publications relating to

### THIRD ANNUAL HUMAN RIGHTS COMMITTEE CONFERENCE

Approximately 58 individuals participated in IPAS' Third Annual Human Rights Committee Conference Sept. 8-9, 2005. This training was designed for human rights committee members to understand the need for and to effectively participate in human rights committees. The conference covered a variety of topics about resident and treatment rights. Participants explored the ethical and philosophical basis for human rights committees. Day 2 was focused on reducing potential abuse and neglect in organizations. Participants were introduced to "Scanning the Horizon," a tool which provides ways for an organization to identify the areas and conditions under which abuse and neglect are more likely to develop.

disability issues. The English versions of these publications were first published through the Institute on Disability and Community. IPAS had them translated into Spanish and is now having them printed. These will be used by both IPAS and the Institute in outreach efforts regarding housing issues. These publications will be available for distribution at the housing events in which IPAS will participate.

IPAS was a sponsor and exhibitor at the 2005 Self Advocacy Conference. IPAS partnered with the Governor's Council for Persons with Disabilities and the Indiana Institute on Disability and Community to conduct this conference, attended by approximately 175 persons.



## POWER SOCCER WORLD INVITATIONAL

IPAS was again a major sponsor of the Power Soccer World Invitational in June. Information regarding IPAS services was provided in the event program. The total number of competing athletes was 140. The total number of athletes, family members, and personal nurses/aides was 402. There were 20 teams that attended this year's event. The Hollister Freewheelers from California won both Division 1 and Division 2. Teams traveled from Arizona, California, Florida, Georgia, Alabama, Illinois, Missouri, Pennsylvania, and Michigan. There was also an international team with representatives from Japan, England, and France. The Indy teams placed fourth and sixth in Division 1, and sixth in Division 2.

IPAS also co-sponsored conferences or collaborated on projects with Key Consumers, ARC of Indiana, Indiana Governor's Council for People with Disabilities, Indiana Brain Injury Association, NAMI Fort Wayne, West Central NAMI, East Central NAMI, NAMI Indianapolis, and Self Advocates of Indiana to name a few.

## EDUCATION AND TRAINING

IPAS staff participated in 228 education and training events, reaching more than 17,101 individuals. These events included exhibit booths, presentations, and conferences. Under a contract with IPAS, the Mental Health Association in Indiana delivered 165 resident and treatment rights training sessions, reaching a total of 2,345 residents and staff of the state-operated facilities for individuals with mental illness.

## PRIORITY INPUT

A public meeting was held Aug. 13, 2005 for members of the public to comment to the IPAS Commission about the proposed priorities for Fiscal Year 2006. Comments are solicited via letter, phone call and e-mail throughout the year. A disability critical barriers survey was conducted in conjunction with the Indiana Institute on Disability and Community during September – November 2005. The availability of the "online" survey was widely publicized via the IPAS Web site. Hard copies of the survey were also widely distributed by IPAS staff with results from those returns incorporated with the results of the online survey. There were focus groups for the purpose of obtaining feedback from the general public regarding our proposed priorities and objectives took place. The proposed priorities and objectives are posted online (year-round). Program priorities and objectives are published in the agency newsletter. IPAS always encourages and accepts comments and suggestions about its priorities. One easy way of submitting comments is through the IPAS Web site, [www.in.gov/IPAS](http://www.in.gov/IPAS).

## MEDIA AND PUBLICATIONS

IPAS produced an agency booklet featuring a series of case studies to illustrate the positive impact of advocacy on the lives of individuals with disabilities. The case study participants were former clients of IPAS who volunteered to share their stories.

IPAS collaborated with the Brain Injury Association of Indiana to develop a BIAI directory and to launch a PSA campaign. Through earned media, Radio Disney, WFBQ, and ESPN Radio aired live interviews with representatives at the BIAI. One individual with a brain injury heard the live interview, e-mailed the association, and thanked them for the information because he was in need of assistance and wasn't sure where to turn.

In addition, IPAS developed multiple brochures and housing publications. Internal publication development included the 2005 Priority Newsletter, Human Rights Committee Conference brochure, and the abbreviated agency brochure. The information was distributed to the public at large through various speaking engagements in 2005.

## IPAS AND THE WEB

IPAS launched its new Web site [www.in.gov/IPAS](http://www.in.gov/IPAS) in December 2005. The site is user-friendly and easy to navigate. It consists of current content regarding IPAS services, educational information, and helpful resources for self-advocacy. Users are encouraged to submit feedback and suggestions regarding the site and IPAS priorities via an online form.

The redesigned site features the case studies that were used in the IPAS agency brochure. The home page has photos of the individuals which link to their personal stories. These stories are available online as audio clips. The site will soon feature streaming video clips of the live testimonials. The multimedia functionality is an engaging way for users to enjoy their visit to the site, while obtaining relevant and useful information.

During Phase II of the Web site, IPAS will add self-advocacy information on each of the following topics: Abuse and Neglect, Special Education, Equal Access, Education and Employment, and other agency-wide priorities. IPAS will also add an online form that will allow industry partners to submit an application to add an event to the interactive calendar featured on the IPAS Web site. The calendar page on the site is a resourceful tool for individuals with disabilities and their caregivers seeking information on current events and conferences; it's not just for those seeking help from IPAS.



## IPAS OUTREACH TO MINORITY AND UNDERSERVED INDIVIDUALS WITH DISABILITIES

In an effort to provide outreach to Indiana's Native Americans, a minority-owned contractor assisted IPAS in getting the word out by displaying IPAS rack card brochures at the Eiteljorg Museum of American Indians and Western Art. The rack cards were also displayed in key locations throughout Indiana in effort to reach the African American and Latino communities.

The minority-owned contractor assisted IPAS in securing article placement in minority publications throughout the year. A general IPAS article was placed in the Martindale Brightwood Newsletter, a neighborhood quarterly publication that distributes 5,000 copies to neighborhood associations, area businesses, and the Brightwood Library.

IPAS participated in various community events to educate the minority community about IPAS services and the power of self-advocacy. Brochures and fact sheets were also distributed at the black and minority health fair and the disability job fair.

The agency's outreach to Indiana's Latino communities included participation at the annual Fiesta event, a Latino festival held in September. Additionally, IPAS secured an article on ADA in the La Voz de Indiana, a bilingual statewide publication that distributes 15,000 copies throughout Indiana, including Hispanic restaurants, grocery stores, and churches. Additionally, the IPAS, PAVA, PATBI, and DD Network brochures and agency booklet were translated into Spanish and distributed among the Latino communities in Indiana.

## IPAS PROVIDES HIGH-QUALITY ADVOCACY

IPAS believes that asking our clients to rate our services is a vital part of maintaining quality advocacy services. IPAS mails satisfaction questionnaires to many individuals who request information and referral services and to those who are represented by IPAS' staff. In addition, IPAS uses an independent contractor to conduct telephone satisfaction interviews when possible. The responses indicate that our clients overwhelmingly find IPAS staff to be respectful, knowledgeable, professional and prompt. In addition, approximately 90 percent of the respondents to the surveys indicate that they would either call us again or recommend IPAS to others.

## PROTECTION AND ADVOCACY FOR VOTING ACCESS (PAVA)

**Survey polling places** — The process of conducting surveys at polling places, a collaborative effort between IPAS and the Indiana Governor's Planning Council, expanded to Indiana as a whole, and the surveys were completed Nov. 2, 2004. Based on the results, which have been broken down by polling place, IPAS has continued participating on the HAVA Accessibility Committee, to help ensure that polling places make necessary changes in a manner that "gets it right the first time."

The results from surveys conducted during the May 2004 primary election and the November 2004 general election have been tallied, and IPAS continued to attend meetings of the Secretary of States' Accessibility Committee and have collaborated on a letter that was sent to county commissioners alerting them to the importance of working with county clerks. We have also continued to assist in answering accessibility questions as county clerks raise them.

**Mayor's Advisory Council on Disability in Indianapolis:** IPAS continues to participate on the Mayor's Advisory Council on Disability in Indianapolis, monitoring the implementation of needed changes based on the accessibility surveys.

**Voting rights brochure:** IPAS has completed production on a brochure that has been developed as a quick reference tool concerning voting rights to be used by voters with disabilities. This brochure provides a basic summary of the historical basis for HAVA, a quick "Bill of Voting Rights," and contact information in the event that a voter believes those rights have been violated.

**Voter identification requirement:** Due to the newly enacted voter identification requirement, the education efforts spearheaded by IPAS will be coordinated with education about the process for securing appropriate identification so that this does not become a stumbling block for voters with disabilities. In connection with this new concern, IPAS is participating in the Secretary of State's task force on the voter identification requirement.

**Voluntary Voting System Guidelines:** IPAS participated with other P&As around the country to review the Voluntary Voting System Guidelines for concerns raised regarding the availability of a verifiable paper-voting trail. As part of this collaborative effort, IPAS submitted comments on the draft guidelines with the goal of ensuring the confidentiality and effectiveness of votes.

# Relationships with Other Agencies

Relations with other agencies are enhanced by IPAS participation on multiple interagency committees, councils and task forces. The following is a sample of IPAS interagency participation and cooperative efforts:

ARC of Indiana	Evansville Psychiatric Children's Center Human Rights Committee	Indiana Association for Community Economic Development
Indiana Institute for Disability and Community	LaRue Carter State Hospital Human Rights Committee	Indiana Coalition on Housing and Homeless Issues
Governor's Council for People with Disabilities	Madison State Hospital Human Rights Committee	Indiana Housing and Community Development Authority
Partners in Policymaking	NAMI Fort Wayne, Indiana	Indiana Legal Services Housing Law Center
Governor Mitch Daniel's Office	NAMI West Central Indiana	Indiana Civil Rights Commission
Indiana Secretary of State Todd Rokita's office	NAMI East Central Indiana	Self-Advocates of Indiana
Indiana Department of Corrections	Indianapolis Chapter of NAMI	Vocational Rehabilitation-Appeals Workgroup Committee
Partners in Justice Indiana Team	State Rehabilitation Commission	Indiana Resource Center for Independent Living
Family and Social Services Administration	Brain Injury Association of Indiana	HAVA Accessibility Committee
Social Security Administration	Mental Health Association in Indiana (MHAI)	INARF
Developmental Disabilities Residential Facilities Council	Mental Health Association in Marion County (MHAMC)	Behavior Corp
Southeast Regional Services Center (SERSC)	Adult Guardianship Committee	Indiana Department of Education, Division of Exceptional Learners
Bureau of Developmental Disabilities Service (BDDS)	Indiana Association for the Education of Young Children	Indiana University School of Medicine
Fort Wayne State Developmental Center Human Rights Committee	Housing Opportunities for People With AIDS	Back Home in Indiana Alliance
Logansport State Hospital Human Rights Committee	Fort Wayne School Corporation Community Transition Team	Insource
Evansville State Hospital Human Rights Committee	Indiana Association of Rehabilitation Facilities	Indiana Parent Information Network
Richmond State Hospital Human Rights Committee	KEY Consumers	ADA-Steering Committee
	Division of Disabilities Aging and Rehabilitation Services	Indianapolis Mayor's Advisory Council on Disabilities
		Choices, Inc.

*IPAS would like to thank all of these organizations for their continued collaboration. Our ability to meet our mission to provide protection and advocacy is enhanced by partnerships and collaboration.*

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**MEMBER RECRUITMENT**

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of individuals with disabilities. Commission members must have a commitment toward promoting the legal and civil rights of persons with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own personal choices.

The IPAS Commission consists of 13 members. The governor appoints four. The remainder are appointed by majority vote of the membership. Commission members serve three-year terms. For more information contact 800.622.4845 or TTY: 800.838.1131.

The Mental Health Advisory Council consists of 10 members appointed by the governor to serve a nonrenewable four-year term.

*Thanks to the following individuals who served on the Mental Illness Advisory Council: Cecilia Weber, Ron Riggs, Ph. D., Merrill Grile, James Hurst, and Pablo Garcia Jr.*

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The logo for IMPACT is displayed in large, bold, sans-serif capital letters. The letters 'I', 'M', 'C', and 'T' are dark blue, while the letters 'P' and 'A' are a bright yellow-orange. The letters are closely spaced and have a slight shadow effect.

**FOR MORE INFORMATION**

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